

of the Southern Methodist Episcopal Church. Great numbers assembled to listen to his sermons, and many converts joined his congregation. He also served as an agent and professor of elocution and belles-lettres for La Orange College, Alabama from 1836–1837, but resided chiefly in the Atlantic cities.

In 1841, Maffitt was sworn in as Chaplain of the U.S. House of Representatives, where he continued the tradition established by the Continental Congresses of each day's proceedings opening with a prayer.

After his service to the U.S. House, Maffitt went on to edit a literary and religious monthly, called the "Calvary Token," and authored reflections of his life and religious experiences including, Tears of Contrition, Pulpit Sketches, a volume of poems, an oratorical dictionary, and an autobiography.

Reverend John Newland Maffitt died near Mobile, Alabama, on May 28, 1850. It is noteworthy that his son, also named John Newland Maffitt, would become one of North Carolina's great historical figures, first as a Naval Surveyor, charting much of the Atlantic coastline, and then as a blockade runner for the Confederate Navy. I paid tribute to him in the House of Representatives on May 5, 2010.

Mr. Speaker, Reverend John Newland Maffitt was a man of faith and duty who served the U.S. House of Representatives honorably. I ask my colleagues to join me in recognizing his contribution to our tradition of faith and service.

HONORING CAPTAIN DAN GRIFFIN

HON. DANIEL LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. LIPINSKI. Mr. Speaker, I am pleased today to honor Captain Dan Griffin for his dedicated service in the U.S. Army, and to commemorate his safe return home to his friends and family in Oak Lawn, IL.

Captain Griffin recently completed a tour in Afghanistan with the First Brigade of the 82nd Airborne Division. Stationed in the Ghazni province as an Army attorney, Griffin utilized his experiences from working as a State's Attorney at the Cook County Criminal Court-house in Chicago. He provided legal insight on rules of engagement to U.S. Commanders and also advised troops on personal legal issues. In this role, he was pivotal in helping other soldiers to do their jobs effectively.

His homecoming celebration will be held this upcoming Saturday, December 15th, at St. Linus Catholic Church in Oak Lawn, IL, where Captain Griffin has been a parishioner his whole life. He will be welcomed home by his mother and father, Ginny and Jim, brothers, Ed and Jim, and sister, Coleen.

Please join me in recognizing Captain Griffin's service and dedication to our country. His expertise and skill have contributed significantly to our nation's effort in Afghanistan, and I am happy to welcome him home.

INTRODUCTION OF THE FOSTER YOUTH HIGHER EDUCATION OPPORTUNITIES ACT

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. LEWIS of Georgia. Mr. Speaker, I am proud to join my good friend and colleague, Senator JOHN KERRY (D-MA) in sponsoring the Foster Youth Higher Education Opportunities Act.

This bipartisan proposal is simple and straightforward. The Foster Youth Higher Education Opportunities Act directs the U.S. Department of Education to ensure that foster care youth know about specific programs and benefits for which they are eligible. The bill will also require that the Department highlights specific federal education initiatives for foster youth on their website.

As a Member of the Ways and Means Human Resource Subcommittee, I listened to testimony from countless former foster care youth in our hearings. Witnesses over the years included two of my constituents—Anthony Reeves and Shalita O'Neale; both young people "aged-out" of Georgia's foster care system, and fought hard to beat the odds and become successful adults.

Mr. Speaker, this is a long, hard road. The transition from foster care to adulthood and independence is very difficult, and there are countless obstacles facing them. It breaks your heart to listen to their stories about how hard it is to find housing, health care, education, livable wage jobs, security, and stability.

The Foster Youth Higher Education Opportunities Act is a small bill, but it is an important one. Every Member of Congress knows that education is the key. This basic, common-sense bill helps to tear down just one of those barriers.

I hope all of my colleagues will join me in support of this goodwill effort.

HONORING GEORGIA INDUSTRIES FOR THE BLIND

HON. AUSTIN SCOTT

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, today, I rise to recognize an organization working hard throughout my home state, Georgia Industries for the Blind. This organization is a part of the AbilityOne Program, a Federal purchasing program that enables more than 50,000 Americans who are blind or severely disabled to work and provide products and services to Federal and commercial customers.

Today in America, roughly seventy percent of blind and visually impaired working-aged adults are not employed. Federal opportunities through the AbilityOne Program have played an important role in bringing people with disabilities into the workforce. For example, Georgia Industries for the Blind—employing over 100 blind individuals throughout the state—has been the door of opportunity for economic independence and professional growth for its associates.

Recently, I visited the GIB operation at Robins AFB, and I was impressed by the opportunities the organization provides their associates to develop personally and professionally. A great example of one of GIB's associates is Stanley Parham. Stanley is both hearing impaired and legally blind. He is a 1996 graduate of Jordan Technical School in Columbus, GA. He has been employed at the Robins Air Force Base site under Georgia Industries for the Blind for two years where he has been recognized as Employee of the Month from Vocational Rehabilitation of Georgia in October 2010. Prior to joining GIB, Stanley worked for ten years at Sign Graphic Printing in Dalton, where as a screen stretcher, he cleaned frames and remade or hung new mesh on the screens. An accomplished artist, Stanley has been honored at the White House for his previous work. In 1993, as a middle school student, his art teacher nominated him for an art contest with President George H. W. Bush. He won the opportunity and produced a chalk drawing of Mrs. Barbara Bush removing her husband's portrait from the wall of the Oval Office. As one of five employees at Robins Air Force Base that sanitizes or cleans pasteboard boxes for reuse in shipping parts/supplies that maintain C–5, C–17, C–130, F–5, F–15 aircraft Stanley exemplifies the skill and professionalism that is common among AbilityOne associates.

This organization focused on his skills and abilities, giving him the chance to serve those who serve our country. It is a place that truly lives up to its mission.

The AbilityOne Program harnesses the purchasing power of the Federal government to buy products and services from participating community-based nonprofit agencies that are dedicated to training and employing individuals with disabilities. It affords Americans with disabilities the opportunity to acquire job skills and training, receives good wages and benefits, and gain greater independence and quality of life. It is for this reason that I stand in support of the work Georgia Industries for the Blind does each day to open doors of opportunity for Americans who are blind.

TRIBUTE TO CHAD BOYER

HON. MICHAEL K. SIMPSON

OF IDAHO

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. SIMPSON. Mr. Speaker, I stand here today to express my gratitude to Chad Boyer who served as my Congressional Fellow this year. I want to thank Chad and commend him, for a job well done. After a year on my staff, he is now a seasoned veteran on the appropriation's process.

Chad served as my point person on the Energy and Water Appropriations Subcommittee and was responsible for all energy related issues in my office. His engineering background and construction management experience provided me with unique technical knowledge of nuclear power and other energy issues.

In the appropriations process, Chad developed well-researched and insightful positions, which properly prioritized the spending on energy projects based on their potential impact. His astute political insights and his willingness

and ability to learn the legislative process served me very well. I benefited greatly from Chad's advice, knowledge and work ethic over the past year.

I also want to thank his wife Melissa, and their daughter Megan for moving to the Washington, D.C. area for the year so that Chad could have this experience. It could not have been an easy move but it was great seeing them make the most of their time here.

It was a pleasure having Chad serve as my fellow, but I now like to think of him as another one of my staff members. I'm sad to see his fellowship end but I know that he will have other great opportunities due to his knowledge and expertise in the energy field.

I wish him and his family the best of luck and give them my sincerest thanks for being a part of the Simpson office "family" the past year.

Finally, I want to thank the Nuclear Society for sponsoring Chad as a Congressional Fellow. At a time when the world is becoming increasingly technical and competitive, Congress benefits from the advice of experienced and educated experts.

LEAST COSTLY ALTERNATIVE POLICIES: IMPACT ON PROSTATE CANCER DRUGS COVERED UNDER MEDICARE PART B

HON. KEN CALVERT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. CALVERT. Mr. Speaker, I rise today to bring to the House's attention a November 2012 report by the Department of Health and Human Services (HHS) Office of Inspector General (OIG), which I requested, titled *Least Costly Alternative Policies: Impact on Prostate Cancer Drugs Covered Under Medicare Part B (OE1-12-12-00210)*. I ask that the Findings, Conclusion and Recommendation of the report be entered into the CONGRESSIONAL RECORD. The full report can be found at: <https://oig.hhs.gov/oei/reports/oei-12-12-00210.asp>.

In 2004, the HHS OIG concluded that Medicare carriers should apply parity reimbursement to a group of drugs covered under Medicare Part B known as LHRH agonists. This recommendation was in part to remove economic incentives for providers from the prescription process. The HHS OIG further concluded that the implementation of parity pricing for LHRH agonists would produce savings of \$40 million per year. Following this recommendation, the Centers for Medicare and Medicaid Services (CMS) encouraged carriers to apply parity reimbursement policies to LHRH agonists. In response to a court decision concerning another class of Part B drugs, CMS withdrew utilization of parity reimbursement for LHRH agonists in April of 2010.

In response to concerns expressed to me that the withdraw of parity reimbursement may have created an unintentional economic incentive for providers to prescribe the costliest drugs in the LHRH class, I requested HHS OIG look into the matter.

In their November 2012 report, HHS OIG found that parity pricing would have saved the Medicare program \$33.3 million dollars had it been in place between the third quarter of 2010 and the second quarter of 2011. What's

more, \$6.7 million of these savings would have been realized by Medicare beneficiaries in the form of reduced coinsurance payments. Additionally, the November 2012 HHS OIG report stated that parity pricing policies may be a useful tool for conserving taxpayer funds in the Medicare program.

Mr. Speaker, given Medicare's current fiscal outlook, it is imperative that policy decisions be made with the program's fiscal health, as well as the patient's health, in mind. I encourage my colleagues to read the HHS OIG report and I look forward to working with my colleagues in Congress to address the OIG's recommendations and ensure the fiscal health of Medicare for generations to come.

FINDINGS

MEDICARE AND ITS BENEFICIARIES WOULD HAVE SAVED \$33 MILLION IN 1 YEAR IF LCA POLICIES FOR LHRH AGONISTS HAD NOT BEEN RESCINDED

If LCA policies had been in effect between the third quarter of 2010 and the second quarter of 2011, payment amounts for Lupron, Eligard, and Zoladex would have been based on that of the least costly alternative, Trelstar. As shown in Table 2, the potential savings per dose in each quarter would have ranged from \$1.61 to \$33.49 for Zoladex and from \$17.70 to \$40.85 for Lupron and Eligard.

If the more expensive products had been reimbursed at the lower price in each quarter under review, total expenditures for monthly injections over the year period would have been reduced from \$264.6 million to \$231.3 million, yielding a total savings of \$33.3 million (13 percent). Twenty percent of these savings (\$6.7 million) would have been realized by Medicare beneficiaries in the form of reduced coinsurance amounts.

TABLE 2: PAYMENT AMOUNTS FOR MONTHLY INJECTIONS

HCPCS Code	Brand	Third Quarter 2010	Fourth Quarter 2010	First Quarter 2011	Second Quarter 2011
Payment Amounts for the Least Costly Product					
J3315	Trelstar	\$164.59	\$181.93	\$176.27	\$197.31
Additional Amounts Paid for More Expensive Product					
J9202	Zoladex	+\$33.49	+\$12.36	+\$26.08	+\$1.61
J9217	Lupron, Eligard	+\$40.85	+\$26.28	+\$32.83	+\$17.70

Source: Medicare reimbursement amounts published by CMS for third quarter 2010 through record quarter 2011.

During the year before LCA policies were rescinded, the most costly LHRH monthly injections—Lupron and Eligard—were administered at about twice the rate of the least costly alternative, Trelstar (Figure 1). However, utilization of these pricier drugs was declining during this time, decreasing 11 percent from the second quarter of 2009 through the first quarter of 2010. Meanwhile, utilization of Trelstar was rising, increasing almost 5 percent over the same four quarters.

As shown in Figure 1, utilization patterns for monthly injections shifted dramatically in favor of the costlier products almost immediately after LCA policies were rescinded. Utilization of Lupron and Eligard increased substantially, rising a total of 31 percent from the beginning of the second quarter of 2010 through the end of the second quarter of 2011.

During the same period, the administration of Trelstar plummeted by 74 percent, with the largest utilization drops occurring in the quarter during which the LCA policies were removed and the first full quarter after. By the end of the second quarter of 2011, Lupron and Eligard were administered at almost 10 times the rate of Trelstar.

Although the administration of Zoladex decreased over the entire 27 months under review, utilization remained extremely low

relative to utilization of Lupron; Eligard; and, to a lesser extent, Trelstar.

HOWEVER, THE OVERALL UTILIZATION OF LHRH AGONISTS HAS BEEN STEADILY DECREASING

Despite variations in the administration of individual LHRH agonists, the number of doses of LHRH agonists administered overall for the treatment of prostate cancer began decreasing at least a year before CMS instructed contractors to rescind LCA policies and continued to fall for more than a year afterward. This downward trend was evident not only for the more commonly administered monthly injections, but also for annual implants.

The number of monthly injections used to treat prostate cancer decreased about 7 percent during the year before elimination of LCA policies and continued to decrease another 5 percent in the 15 months after, resulting in an overall decrease of 12 percent from the second quarter of 2009 through the second quarter of 2011. (See Figure 2.)

The overall decrease in the administration of the annual Vantas implant was even more pronounced. The number of these implants used to treat prostate cancer fell by 23 percent in the year prior to elimination of LCA policies and continued to fall another 23 percent in the 15 months after, resulting in an overall decrease of 41 percent.

Although the use of LHRH agonists has been decreasing, we did not find a compensatory increase in another type of hormone therapy, the simple orchiectomy. The number of these procedures performed to treat prostate cancer declined 15 percent during the year before the elimination of LCA policies and continued to decline an additional 16 percent afterward.

A study published in 2009 in *The Journal of Urology* identified a similar reduction in the use of hormone therapy to treat prostate cancer. This study, which examined claims and payment data from 2003 to 2007, attributed the overall reduction in hormone therapy to a number of different factors, including a decrease in Medicare payment amounts following the implementation of the ASP-based reimbursement methodology, the increased use of intermittent hormone therapy, and an increased recognition of the adverse effects associated with hormone therapy. The study authors conclude that these factors, taken together, may have resulted in a more discriminating physician practice pattern and shrinking pool of appropriate candidates for LHRH agonists.

CONCLUSION AND RECOMMENDATION

In 1995, Medicare contractors began using LCA policies to control the cost of LHRH agonists used to treat prostate cancer. However, CMS eliminated these policies in April 2010 as a result of a 2009 court ruling stating that Medicare law did not authorize the use of an LCA policy for an inhalation drug covered under Medicare Part B. Congressman Ken Calvert subsequently raised concerns that elimination of LCA policies for prostate cancer drugs may have provided physicians with an incentive to administer costlier drugs to patients.

Our results indicate that Medicare spending on clinically comparable LHRH agonists is higher in the absence of LCA policies, costing Medicare and its beneficiaries \$33 million in 1 year. Our results also confirm changes in utilization patterns for LHRH agonists, some of which appear to have occurred independently of LCA policies and some of which coincided with their removal. Specifically, the use of hormone therapy has been decreasing overall, which may be attributable in part to Medicare reimbursement but may also be influenced by clinical factors, such as an increased awareness of hormone therapy's health risks. In contrast, the